

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753518

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

SAVANNAH ROAD  
100 SAVANNAH ROAD  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

SAVANNAH ROAD  
PO BOX 3661  
FORT PIERCE, FL 349483661

**New Mailing Address:**

FEI Number: 59-0836088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRISCHKORN, CARROL  
1651 BINNEY DR  
FORT PIERCE, FL 34949      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: 1VPD ( ) Delete  
Name: DAVIS, ROBERT  
Address: 382 SE NARANJA AVE  
City-St-Zip: PORT ST LUCIE,, FL 34983

Title: PD ( ) Delete  
Name: CLANCY, PRISCILLA  
Address: 2307 CANOE CREEK LANE  
City-St-Zip: FORT PIERCE, FL 34981

Title: T ( ) Delete  
Name: FRISCHKORN, CARROL  
Address: 1651 BINNEY DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: RSD ( ) Delete  
Name: LANDERS, PAMELA  
Address: 3819 ST MARKS ROAD  
City-St-Zip: FORT PIERCE, FL 34982

Title: P ( ) Delete  
Name: MILLER, ANNETTE  
Address: 2015 31ST AVE  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARROLL FRISCHKORN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/13/2009

\_\_\_\_\_  
Date